DAVID Y. IGE
GOVERNOR OF HAWAII

BRUCE S. ANDERSON, PHD
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on HB1873
RELATING TO ALZHEIMER'S DISEASE.

REP. JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REP. JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date: February 6, 2020 Room Number: 329

Fiscal Implications: A general fund appropriation of approximately $100,000 may be sufficient for purchase-of-service contracts for statewide reach, i.e., about 12,000 physicians and advanced practice registered nurses.

Department Testimony: The Department of Health (DOH) does not have programs or personnel focused on Alzheimer's Disease. As a result, the most efficient model for a one-time outreach program that educates providers on comprehensive care planning service benefits for Medicare beneficiaries is for the State to procure or compel services from the private sector.

It is worth noting that Alzheimer's Disease and Related Dementia (ADRD) training is already taking place in the community, and is a statewide priority as described in "Hawaii 2025: State Plan on Alzheimer Disease and Related Dementias," which is maintained and published by the Executive Office on Aging (EOA). For example, EOA is sponsoring dementia capability training on February 21, 2020 on Maui at which information regarding the signs, symptoms, and early detection of dementia, standardized screening and assessment tools, and strategies to help families. A copy of this flyer is attached to this testimony. This training and others like it have been funded by the US Administration for Community Living or other federal agencies. However, the private sector has also funded its own training in response to demands from health care facilities and professionals. Mandated education programs should be vetted through the community planning process facilitated by EOA to assure alignment with the State's plan and available resources.

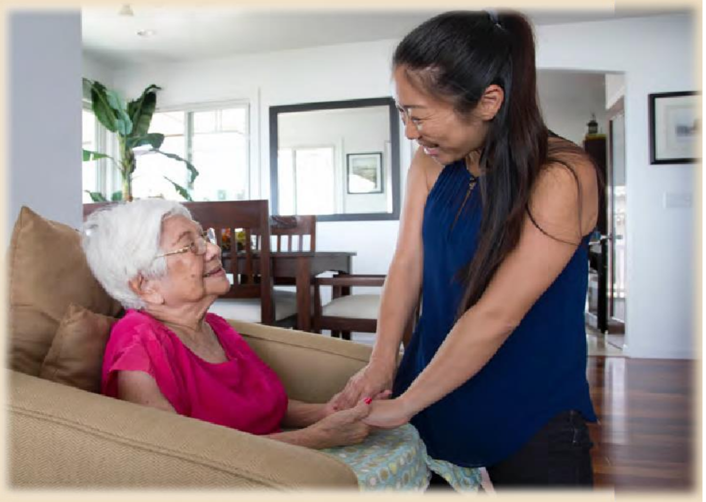
For this Committee's consideration, a less resource-intense intevention may be to require private health plans and health systems to conduct provider outreach programs on behalf of their Medicare beneficiaries. Private plans are likely more familiar with Medicare programs and regulations than is the Department of Health.

Any moneys authorized pursuant to this proposal should not displace priority appropriations requests described in the Governor's Executive Biennium Budget Request.

Thank you for the opportunity to testify.

The Hawaiʻi Alzheimer's Disease Supportive Services Program
Presents:

Dementia Capability Training



Date: Friday, February 21, 2020
Time: 1:00 pm – 4:30pm
Location: J. Walter Cameron Center Auditorium
95 Mahalani St.
Wailuku, Hawaii 96793

Presenter: Dr. Ritabelle Fernandes

Cost: FREE

To register please click:
https://www.eventbrite.com/e/dementia-capability-training-tickets-91695540831

Approved for 2.5 Social Work CEUs

Special accommodations (interpreter, sign language interpreter, or large print materials) may be arranged upon request. Please contact Debbie Shimizu at debra.shimizu@doh.hawaii.gov or call (808) 586-7321 at least one week in advance of the training for which the special accommodations are needed, including food allergies and vegetarian requests.

The session will provide valuable information including signs, symptoms and early detection of dementia, standardized screening and assessment tools, and strategies to help families.

Made possible by a grant from
The Administration for Community Living to the Hawaiʻi Executive Office on Aging

DAVID Y. IGE
GOVERNOR OF HAWAII

BRUCE ANDERSON
DIRECTOR OF HEALTH

STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831
eoa@doh.hawaii.gov

CAROLINE CADIRAO
DIRECTOR

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(808) 586-0100

Fax
(808) 586-0185

Testimony COMMENTING on HB1873
Relating to Alzheimer's Disease

COMMITTEE ON HEALTH
REP. JOHN MIZUNO, CHAIR
REP. BERTRAND KOBAYASHI, VICE CHAIR

COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS
REP. JOY SAN BUENAVENTURA, CHAIR
REP. NADINE NAKAMURA, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing Date February 6, 2020 Room Number: 329
8:40 AM

EOA's Position: The Executive Office on Aging (EOA), an attached agency to the Department of Health, is providing comments for HB1873 Relating to Alzheimer's Disease and defers to the Department of Health (DOH) as the implementing agency.

Fiscal Implications: This bill appropriates an unspecified amount for fiscal year 2020-2021 for DOH to establish an outreach program to conduct a comprehensive, one-time education initiative informing physicians and appropriate non-physicians that comprehensive care planning services for individuals with Alzheimer's disease and related dementias is a covered benefit under the Medicare program.

Purpose and Justification: Alzheimer's disease is the sixth leading cause of death in the United States and it affects 27,000 Hawaii residents, a number that will increase to 35,000 by the year 2025. According to the Alzheimer's Association statistics, one in nine individuals over the age of 65 years old have Alzheimer's disease and one in three individuals over the age of 85 years have Alzheimer's disease. Sadly, there is no cure for this disease.

This bill mandates DOH to establish an outreach program informing physicians and non-physicians that comprehensive care planning services for those with ADRD is a covered benefit under Medicare. The average costs for a person with dementia are $287,000 during their last five years of life. Comprehensive care planning services is important and available under Medicare, however, less than one percent engage in comprehensive care planning services.

Local Medicare plans have Provider Relations Departments that are responsible to educate the network of providers regarding billing, claiming, and patient related services. Though well intended, we defer to DOH regarding this measure.

Recommendation: However, rather than mandating this training program at this time, our preference would be to allow the workgroups who are convening to update the ADRD State plan and include this in their discussions on how to best accomplish this goal. The workgroups are comprised of many stakeholders from the private and public sectors who will be able to contribute to the implementation of this goal. We should allow them to build this into their current work.

Thank you for the opportunity to testify.

Hawaiʻi Psychological Association

For a Healthy Hawaiʻi

P.O. Box 833
Honolulu, HI 96808
www.hawaiipsychology.org
Phone: (808) 521-8995

COMMITTEE ON HEALTH
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair

Thursday, February 6, 2020 at 8:40am
Conference Room 329

Testimony in Support of HB1873

The Hawaiʻi Psychological Association (HPA) strongly supports HB1873 because it is critical that an outreach program be established in the department of health to inform physicians and appropriate non-physician practitioners participating in Medicare that there are comprehensive care planning services for those with Alzheimer's disease and related dementias is a covered benefit under Medicare.

Undeniably, Hawaiʻi`s Kupuna population is steadily growing, with 1 in 4 Hawaii residents aged 60 or older. As Hawaii`s aging population increases, the need for medical and community-based services will continue to rise. Elderly are particularly susceptible to disease disabilities such as Alzheimer's and dementias that make it challenging for their increased physical, social, cognitive and mental health and for their families that are assuming responsibilities to insure adequate caretaking for their elderly members. This bill would help establish an outreach resource program in the DOH to inform physicians and practitioners participating in Medicare that there are comprehensive care planning services for Kupuna with Alzheimer's disease and related dementias which is a covered benefit under Medicare. The interests of disabled elderly and their caregivers will be well served by this bill which can reduce their financial burden and significantly improve their overall quality of life.

Thank you for this opportunity to offer testimony in support of HB1873.

Respectfully submitted,

Julie Takishima-Lacasa, PhD, President
Chair, Legislative Action Committee
Hawaiʻi Psychological Association

Manoa Cottage
2035 Kamehameha Avenue
Honolulu, HI 96822
phone (808) 943-8766

Manoa Cottage Kaimuki
748 Olokele Avenue
Honolulu, HI 96816
phone (808) 426-7850

www.manoacottage.com

February 4, 2020

Dear House Committee on Health:

I am writing in support of support of House Bill 1873. This bill addresses a need for kupuna to better access care when they have cognitive impairment, often diagnosed as Alzheimer’s disease or another type of dementia.

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Sincerely,

Calvin M. Hara
Executive Director and Administrator

alzheimer's association®
ALOHA CHAPTER
1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817
Phone: 808.591.2771 Fax: 808.591.9071 www.alz.org/hawaii

February 6, 2020

Honorable Representative John M. Mizuno
Honorable Representative Joy A. San Buenaventura
House Committee on Health
House Committee on Human Services & Homelessness
Hawaii State Capitol, Conference Room 329, 8:40 A.M.
415 South Beretania Street
Honolulu, HI 96813

RE: HB1873 RELATING TO ALZHEIMER'S DISEASE.

Dear Chair Mizuno, Chair San Buenaventura, and members of the Committees:

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our **strong support** for House Bill 1873. This measure establishes an outreach program in the Department of Health to inform physicians and appropriate non-physician practitioners participating in Medicare that comprehensive care planning services for those with Alzheimer's disease and related dementias is a covered benefit under Medicare.

Since January 1, 2017, the Centers for Medicare and Medicaid Services (CMS)—through CPT billing code 99483—allows clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers.

This service is crucial for people diagnosed with Alzheimer's disease for two primary reasons. First, care planning allows diagnosed individuals and their caregivers to receive counseling and to learn about medical and non-medical treatments, clinical trials, and support services available in the community—all of which result in higher quality of life. Second, participating in planning early in the disease process also allows individuals with Alzheimer's to create advance directives regarding their care and finances as well as address driving and safety issues so that their wishes can be carried out when they are no longer cognitively able to make such decisions.

The primary reason that this reimbursable service is not utilized more often is because physicians are simply not aware of it. Nationwide, in 2017—the first year the benefit was available—18,669 fee-for-service (FFS) Medicare beneficiaries received the care planning benefit. Even after accounting for individuals in Medicare Advantage plans, less than one percent of those with Alzheimer's and other dementias received the care planning benefit in 2017.

Implementation of a program to inform physicians about this service is in the best interests of the state financially. Individuals receiving dementia-specific care planning have fewer hospitalizations, fewer emergency room visits, and better medication management. Additionally, without adequate family, financial, and care planning, individuals with Alzheimer's disease are more likely to find themselves in care facilities utilizing Medicaid. Furthermore, more than 95 percent of people with Alzheimer's and other dementias have one or more other chronic conditions. Alzheimer's complicates the management of these other conditions—and consequently, increases costs. For example, a senior with diabetes and Alzheimer's costs Medicare 81 percent more than a senior who has diabetes but not Alzheimer's.

This bill provides a simple and effective solution to the problem of this crucial service not being known to physicians. First, it would educate clinicians on care planning services available under Medicare and on the care planning billing code. Second, it would require that the Legislature receive a report on the barriers to individuals receiving care planning services, how the rate of usage can be increased, and any proposed legislation to improve the program.

I appreciate the opportunity to testify in **strong support** of this legislation and applaud your leadership in bringing it forward.

Ian Ross
Public Policy and Advocacy Manager
iaross@alz.org | Phone: (808) 591-2771 x1333

HB-1873
Submitted on: 1/31/2020 6:55:41 PM
Testimony for HLT on 2/6/2020 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan P. Armstrong	Individual	Support	No

Comments:

Subject: Please vote to support HB1873
From: Amy Truong <Amy.Truong.147986122@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:57:33 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:57:35 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Amy Truong

Subject: Please vote to support HB1873
From: Anne Sadayasu <Anne.Sadayasu.273006499@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 9:07:25 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 9:07:28 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Anne Sadayasu

Subject: Please vote to support HB1873
From: Ashley Curry <Ashley.Curry.272928208@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:44:11 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:44:13 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Ashley Curry

Subject: Please vote to support HB1873
From: Carol Gonsales <Carol.Gonsales.275825461@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 6:56:54 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 6:56:57 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Carol Gonsales

Subject: Please vote to support HB1873
From: Carole Shijo <Carole.Shijo.148841220@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 2:29:56 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 2:30:00 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer's disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Carole Shijo

Subject: Please vote to support HB1873
From: Caroline Haney <Caroline.Haney.275833057@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:56:04 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:56:07 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Caroline Haney

Subject: Please vote to support HB1873
From: Chet Ferreira <Chet.Ferreira.249882296@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Wednesday, February 5, 2020 6:04:06 AM GMT-10:00
Date Received: Wednesday, February 5, 2020 6:04:12 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer's disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Chet Ferreira

Subject: Please vote to support HB1873
From: Emily Bustard <Emily.Bustard.272997608@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:58:21 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:58:24 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Emily Bustard

Subject: Please vote to support HB1873
From: Francesca Koethe <Francesca.Koethe.274729270@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:50:56 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:51:00 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Francesca Koethe

Subject: Please vote to support HB1873
From: Helen Tavares <Helen.Tavares.275876465@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Wednesday, February 5, 2020 5:48:00 AM GMT-10:00
Date Received: Wednesday, February 5, 2020 5:48:04 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Helen Tavares

Subject: Please vote to support HB1873
From: Ivy Castellanos <Ivy.Castellanos.147148852@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 9:13:01 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 9:13:04 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. Ensuring that our clinicians know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this can result in a much higher quality of life.

Mahalo nui for hearing this bill and for the opportunity to testify in support.

Regards,
Ivy Castellanos

Subject: Please vote to support HB1873
From: JACQUELINE DE LUZ <JACQUELINE.DELUZ.275906740@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Wednesday, February 5, 2020 7:37:57 AM GMT-10:00
Date Received: Wednesday, February 5, 2020 7:38:00 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
JACQUELINE DE LUZ

Subject: Please vote to support HB1873
From: Javier Mendez <Javier.Mendez.147239040@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 6:54:34 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 6:54:36 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Javier Mendez

Subject: Please vote to support HB1873
From: Jeanne Hempen <Jeanne.Hempen.158744290@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:34:45 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:34:48 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Jeanne Hempen

Subject: Please vote to support HB1873
From: jin Plai <jin.Plai.248432106@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:06:14 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:06:17 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
jin Plai

Subject: Please vote to support HB1873
From: Jomel Duldulao <Jomel.Duldulao.147986474@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 6:45:01 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 6:45:04 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Jomel Duldulao

Subject: Please vote to support HB1873
From: Katrina Sudweeks <Katrina.Sudweeks.147205353@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 12:31:49 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 12:31:51 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Katrina Sudweeks

Subject: Please vote to support HB1873
From: Lawrence Enomoto <Lawrence.Enomoto.157609895@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 9:15:51 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 9:15:53 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Lawrence Enomoto

Subject: Please vote to support HB1873
From: LINDA NULAND-AMES <LINDA.NULANDAMES.152232807@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 9:13:55 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 9:13:57 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

When my sweet mother had early onset Alzheimer's, we had nothing. We were told to put her in a nursing home and move on. We couldn't do that. We loved her and cared for her at home until she passed. We had no support and no training in how to help her. My dad and I did the best we could.

Both of us suffered back injuries. I had broken fingers. We took turns staying up at night to insure her safety. I'm glad we did, but it was a heartbreaking, lonely experience.

Care planning is important for people diagnosed with Alzheimer’s disease and the people who love them.

Care planning means people living with the disease and the people who love them receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter.

I hope you never experience the loss of someone you love to Alzheimer's, but unfortunately, you probably will.

Let's do the right thing.

Thank you for hearing this bill and for reading this testimony.

Regards,
LINDA NULAND-AMES

Subject: Please vote to support HB1873
From: Mark Mizuno <Mark.Mizuno.275824750@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 6:46:36 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 6:46:39 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Mark Mizuno

Subject: Please vote to support HB1873
From: Mary Gadam <Mary.Gadam.147986230@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:03:37 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:04:13 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Mary Gadam

Subject: Please vote to support HB1873
From: Nancy Rose <Nancy.Rose.147225027@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 12:05:11 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 12:05:29 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease. My father was perhaps not even adequately diagnosed, and his care giver wife certainly did not get care planning assistance. She muddled through as best she could, but it would have been better if she could have had some care oversight and coordination.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Nancy Rose

Subject: Please vote to support HB1873
From: Poki'i Balaz <Pokii.Balaz.147234621@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:44:19 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:44:22 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Poki'i Balaz

Subject: Please vote to support HB1873
From: Rebecca Halloran <Rebecca.Halloran.248374921@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:06:04 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:06:44 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Rebecca Halloran

Subject: Please vote to support HB1873
From: Taylor Hall <Taylor.Hall.148710784@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 10:35:41 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 10:39:22 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Taylor Hall

Subject: Please vote to support HB1873
From: TERRI CUMMINGS <TERRI.CUMMINGS.275858771@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Wednesday, February 5, 2020 4:18:04 AM GMT-10:00
Date Received: Wednesday, February 5, 2020 4:18:07 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
TERRI CUMMINGS

Subject: Please vote to support HB1873
From: Thomas Baldwin <Thomas.Baldwin.147272313@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 7:43:40 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 7:43:42 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer's disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Thomas Baldwin

Subject: Please vote to support HB1873
From: Tonya Tullis <Tonya.Tullis.248431675@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 9:26:37 AM GMT-10:00
Date Received: Tuesday, February 4, 2020 9:26:41 AM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer's disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease.

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Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
Tonya Tullis

Subject: Please vote to support HB1873
From: WARREN WONG <WARREN.WONG.275825470@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 6:55:32 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 6:55:34 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer’s disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family to be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
WARREN WONG

Subject: Please vote to support HB1873
From: William Braddock <William.Braddock.248194372@p2a.co>
To: Health <iaross@alz.org>
Date Sent: Tuesday, February 4, 2020 8:31:23 PM GMT-10:00
Date Received: Tuesday, February 4, 2020 8:31:26 PM GMT-10:00

Dear Chair Mizuno and members of the Committees,

I am writing in support of support of House Bill 1873,

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized, with only 1% of people diagnosed with Alzheimer's disease and related dementias receiving this service. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

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To put it simply, care planning is important for people diagnosed with Alzheimer's disease.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

My wife, Sherrie and I believe this is a very, very important program, that could provide very beneficial rewards for patients and caregivers.
Thank you for hearing this bill and for giving me the opportunity to testify in support.

Regards,
William Braddock

LATE

HB-1873
Submitted on: 2/6/2020 7:41:31 AM
Testimony for HLT on 2/6/2020 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Poki'i Balaz	Individual	Support	Yes

Comments:

My name Dr. Poki'i Balaz and I am a provider in geriatric care with a focus on brain health, neurology, and Native Hawaiian Health. While I not only work with those living with the disease, their loved ones, friends, family, and support systems as a clinician, I am also a caregiver. My father has Alzheimer's disease, is in the end stages, bed bound and needs total care meaning he needs care 24 hours a day, seven days a week which I provide for him at home.

I continue to feel the immense struggle and challenges this disease brings not only professionally but also as a family caregiver and so I am writing in support of Senate Bill 2340.

As a clinician, I was not aware that since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized; only 1% of people diagnosed with Alzheimer's disease and related dementias receive it. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

The Medical management is just one piece to the puzzle but important. As a clinician being able to explain the disease and how it will affect all those involved is essential as well as understanding the different treatments that are available. This discussion requires other components to be addresses which will require more than just one 15 minute visit.

When my father was first diagnosed, I returned home to care for him. His provider nor the staff knew what next steps to take, leaving a huge gap of care. As a clinician, I see that many of my patients are unaware of what this disease encompasses regarding long term planning and I myself was unaware as a caregiver. Many are not thinking about the different stages of the disease, how life may change for themselves or their caregiver such as how quality of life, isolation, sleepless nights, and the need to plan for placement or to age in place. Financial issues such as the ability to work for the person living with the disease and or their caregiver(s) is another major issue.

Other issues such as advanced health care directives (AHCD) and Power of Attorney (POA) is essential to discuss especially before the person living with the disease loses their capacity to make those decisions which leads to further challenges.

As a caregiver when I leave the house I have to think about how long I have before it is time to change him, feed him, do range of motion (ROM) to prevent contractures, turn him to prevent pressure ulcers, bath him, and engage with him to prevent understimulation.   My entire day is dictated by his schedule and sometimes I have to return to home at lunch to change or feed him. To hire a paid caregiver from an agency cost about $30/hr, $240/day. $1200/week, $5,000/month, with supplies averaging about $500 +/ month. All of this plus inability to sleep, the isolation are among just some of the issues I wasn’t aware I would be dealing with as the disease progressed.

Searching for resources such as private or state agencies and how to navigate that process can be extremely frustrating or understanding the importance of Supporting support groups and training and clinicians sometimes are not aware of these opportunities. Uniquely since I am also a caregiver, I sought out this information and learned by trial and error.   Becoming trained through the SAVVY Caregiver Program aimed at increasing the knowledge, skills, and outlook to improve the quality of life and the Dealing with Dementia (DWD)Program through the Rosalyn Carter Institute and become involved locally, with the Alzheimer’s Association, Aloha Chapter, and other organizations helped me to deliver better care to my patients, their caregiver(s) and helped me to be a better caregiver.

One component I would suggest adding to this bill is that all providers not just physicians, but nurse practitioner also be trained through programs such as SAVVY or DWD but also informed about the different resources we have here locally and nationally to help better support this initiative.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer’s disease or a related dementia. There is a frightening chance that any person or family will be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line. If I had had a comprehensive care planning session with a well informed provider, it would have prepared me and made this journey easier to naviagate.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer’s Association, Aloha Chapter. All of this results in a higher quality of life.

To put it simply, care planning is important for people diagnosed with Alzheimer’s disease. This initiative will help so many caregivers, but it will also help clinicians by increasing their understanding, awareness, and decreasing their stress in the planning process.

Thank you for hearing this bill and for giving me the opportunity to testify in support